

D.I. # _____

CIVIL ACTION

NUMBER: 07-374 (GMS)

U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT(S)

7003 1680 0002 2585 9356

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To WARDEN TOM CARROLL	
DELAWARE CORRECTIONAL CENTER 07-374	
Street, Apt. No. or PO Box No. 181 PADDOCK RD. GMS	
City, State, ZIP+4® SMITHTON, DE 19977	

PS Form 3800, June 2002 See Reverse for Instructions